

Recordkeeping

of Occupational Injuries and Illnesses

1 *Who Should Attend . . .*

This workshop is a must for anyone concerned about health and safety on the job including:

- ▶ Managers concerned about liability and workers' compensation costs
- ▶ Employees who want to learn proper techniques for protecting their safety and health at work
- ▶ Business owners who want to learn about compliance with Michigan Occupational Safety and Health Administration (MIOSHA)

2 *Why You Need This Workshop . .*

- ▶ To reduce disabling injuries and illnesses to employees - and to ensure that every worker goes home safe and healthy every day.
- ▶ To reduce the high costs of work-related injuries. Nationally, employers spent an estimated 50.8 billion on wage payments and medical care for workers hurt on the job. (*Liberty Mutual Safety Index 2005*) This is only a portion of the total costs of work-related injuries. Indirect costs such as overtime, training and lost productivity can also burden employers.
- ▶ To enhance your company's bottom line. A strong safety and health commitment not only protects workers, it also reduces workers compensation costs, improves employee morale, and increases production and quality.

3 *What You'll Learn . . .*

This MIOSHA program is designed to help employers ensure that their organization complies with MIOSHA recordkeeping requirements as contained in MIOSHA Administrative Rules Part 11, Recording and Reporting of Occupational Injuries and Illnesses. In addition to learning and understanding the "recordability" of work related injuries and illnesses, attendees will actively participate in a group exercise to complete the OSHA 300 log, 301 and 300A forms. Using this data, participants calculate injury and illness rates and learn how to compare these rates to other companies within their Standard Industrial Classification (SIC) or the new North American Industrial Classification System (NAICS).

Agenda

We offer a flexible program agenda to emphasize the health and safety topics you want most.

- ▶ Overview of the Recordkeeping Standard, Part 11
- ▶ How to Complete Forms 300, 300A, and 301
- ▶ Recordkeeping Case Scenarios and Exercises
- ▶ Participants Should Bring their OSHA Injury Log (Form 300) for the Last Three Years if Available and Current Injury Data.

Facilitator

Barry W. Simmonds brings more than 20 years of safety related experience to the CET division. Barry started as an Air Force Fire Protection Specialist gaining experience in almost every position in the fire department. Barry then transferred to the Air Force safety program as the Non-Commissioned officer in charge of the 410th Bomb Wing ground safety office at K.I. Sawyer AFB. (He also served a tour as the Chief of Safety for U.S. Forces in the country of Honduras.) In all of these positions, Barry had extensive safety training responsibilities.

After leaving the Air Force, Barry joined the Department of Corrections as a State Certified Fire Inspector and came to MIOSHA in 1997 as a general industry enforcement officer for the Port Huron area before joining the CET team in 2004. Barry has degrees in both safety and fire science technology and is responsible for the Upper Peninsula region.



Barry Simmonds
*Occupational Safety Consultant,
MIOSHA, CET Division*

Program Details

DATE: January 29, 2007
LOCATION: M-TECSM at Bay College
2000 N. 30th Street
Escanaba, Michigan
COST: \$30 per person.
Includes course materials

TIME: Check-in - 12:30 p.m.
Program - 1:00 p.m. to 4:00 p.m.
DEADLINE: Register by January 22, 2007
Please register early!
CONTACT: Renée Lundberg, 906.789.6902 x 1535
lundberr@baycollege.edu

COSPONSOR: M-TECSM at Bay College

If this valuable seminar doesn't fit with your schedule or position, please pass this flyer on to a colleague.

How to Register

Recordkeeping of Occupational
Injuries and Illnesses

Complete this information for each person registering:

- **Phone:** 906.789.6902 x 1227
- **Fax:** 906.789.6921
- **Email:** dittrcm@baycollege.edu
- **Mail:** M-TEC at Bay College
2001 N. Lincoln Road
Escanaba, MI 49829

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Fax: _____
Birth Date: _____ (Needed For Registration)
MM/DD/YYYY

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